

# House File 243 - Introduced

HOUSE FILE 243  
BY COMMITTEE ON COMMERCE

(SUCCESSOR TO HSB 74)

## A BILL FOR

1 An Act relating to insurance coverage for covered individuals  
2 for the treatment of autism spectrum disorder.  
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 514C.22, subsection 3, paragraph g, Code  
2 2023, is amended to read as follows:

3 ~~g. Autistic disorders~~ Autism spectrum disorder, as that term  
4 is defined in section 514C.28, subsection 2.

5 Sec. 2. Section 514C.22, subsection 4, Code 2023, is amended  
6 to read as follows:

7 4. The commissioner, by rule, shall define the biologically  
8 based mental illnesses identified in subsection 3, paragraphs  
9 "a" through "f". Definitions established by the commissioner  
10 shall be consistent with definitions provided in the most  
11 recent edition of the American psychiatric association's  
12 diagnostic and statistical manual of mental disorders, as such  
13 definitions may be amended from time to time. The commissioner  
14 may adopt the definitions provided in such manual by reference.

15 Sec. 3. Section 514C.22, subsection 7, Code 2023, is amended  
16 by adding the following new paragraph:

17 NEW PARAGRAPH. *c.* Notwithstanding paragraphs "a" and "b",  
18 a group policy, contract, or plan covered under this section  
19 shall not impose an aggregate annual or lifetime limit on  
20 biologically based mental illness coverage benefits for autism  
21 spectrum disorder.

22 Sec. 4. Section 514C.22, subsection 8, unnumbered paragraph  
23 1, Code 2023, is amended to read as follows:

24 A group policy, contract, or plan covered under this  
25 section shall at a minimum allow for thirty inpatient days  
26 and fifty-two outpatient visits annually, and shall not  
27 limit the number of outpatient visits a covered individual  
28 may have with a practitioner for applied behavior analysis  
29 under section 514C.31, or with an autism service provider for  
30 treatment of autism spectrum disorder under section 514C.28.  
31 The policy, contract, or plan may also include deductibles,  
32 coinsurance, or copayments, provided the amounts and extent  
33 of such deductibles, coinsurance, or copayments applicable to  
34 other health, medical, or surgical services coverage under the  
35 policy, contract, or plan are the same. It is not a violation

1 of [this section](#) if the policy, contract, or plan excludes  
2 entirely from coverage benefits for the cost of providing the  
3 following:

4 Sec. 5. Section 514C.22, subsection 9, Code 2023, is amended  
5 to read as follows:

6 9. [This section](#) applies to third-party payment provider  
7 policies or contracts and to plans established pursuant  
8 to [chapter 509A](#) that are delivered, issued for delivery,  
9 continued, or renewed in this state on or after January 1, 2006  
10 2024.

11 Sec. 6. Section 514C.28, subsections 1, 3, 5, and 13, Code  
12 2023, are amended to read as follows:

13 1. Notwithstanding the uniformity of treatment requirements  
14 of [section 514C.6](#), a group plan established pursuant to chapter  
15 509A for employees of the state providing for third-party  
16 payment or prepayment of health, medical, and surgical coverage  
17 benefits shall provide coverage benefits to covered individuals  
18 ~~under twenty-one years of age~~ for the diagnostic assessment  
19 of autism spectrum disorder and for the treatment of autism  
20 spectrum disorder.

21 3. Coverage is required pursuant to [this section](#) in a  
22 ~~maximum benefit amount of not more than thirty-six thousand~~  
23 ~~dollars per year but~~ shall not be subject to any limits on  
24 the number of visits to a covered individual may have with  
25 an autism service provider for treatment of autism spectrum  
26 disorder. ~~The commissioner shall, on or before April 1 of~~  
27 ~~each calendar year, publish an adjustment to the maximum~~  
28 ~~benefit required equal to the percentage change in the United~~  
29 ~~States department of labor consumer price index for all urban~~  
30 ~~consumers in the preceding year, and the published adjusted~~  
31 ~~maximum benefit shall be applicable to group policies,~~  
32 ~~contracts, or plans subject to [this section](#) that are issued~~  
33 ~~or renewed on or after January 1 of the following calendar~~  
34 ~~year. Payments made under a group plan subject to this section~~  
35 ~~on behalf of a covered individual for treatment of a health~~

~~1 condition unrelated to or distinguishable from the individual's  
2 autism spectrum disorder shall not be applied toward any  
3 maximum benefit established under this subsection.~~

4 5. Coverage required by [this section](#) shall be provided  
5 in coordination with coverage required for the treatment of  
6 ~~autistic disorders~~ autism spectrum disorder pursuant to section  
7 514C.22.

8 13. [This section](#) applies to plans established pursuant to  
9 chapter 509A for employees of the state that are delivered,  
10 issued for delivery, continued, or renewed in this state on or  
11 after January 1, ~~2011~~ 2024.

12 Sec. 7. Section 514C.31, subsection 1, unnumbered paragraph  
13 1, Code 2023, is amended to read as follows:

14 Notwithstanding the uniformity of treatment requirements of  
15 section 514C.6, a group policy, contract, or plan providing  
16 for third-party payment or prepayment of health, medical, and  
17 surgical coverage benefits shall provide coverage benefits for  
18 applied behavior analysis provided by a practitioner to covered  
19 individuals ~~under nineteen years of age~~ for the treatment of  
20 autism spectrum disorder pursuant to a treatment plan if the  
21 policy, contract, or plan is either of the following:

22 Sec. 8. Section 514C.31, subsection 3, Code 2023, is amended  
23 by striking the subsection.

24 Sec. 9. Section 514C.31, subsections 4, 5, and 10, Code  
25 2023, are amended to read as follows:

26 4. Coverage required pursuant to [this section](#) may be  
27 subject to ~~dollar limits~~, deductibles, copayments, or  
28 coinsurance provisions that apply to other medical and surgical  
29 services under the policy, contract, or plan, ~~subject to the~~  
30 ~~requirements of subsection 3.~~

31 5. Coverage required pursuant to [this section](#) may be  
32 subject to care management provisions of the applicable  
33 policy, contract, or plan, including prior authorization, and  
34 ~~prior approval, and limits on the number of visits a covered~~  
35 ~~individual may make for applied behavior analysis.~~



1 than \$36,000 for individuals through age six, \$25,000 for  
2 individuals age seven through 13, and \$12,500 for individuals  
3 age 14 through 18. The bill eliminates the maximum benefit  
4 amounts and the age categories.

5 The bill makes conforming changes to Code section 514C.22.

6 The bill applies to third-party payment providers enumerated  
7 in the bill. The types of specialized health-related insurance  
8 which are not subject to the bill are specified in the bill.  
9 The bill applies to plans delivered, issued for delivery,  
10 continued, or renewed in this state on or after January 1,  
11 2024.